

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3997

State File No.

Registration District No. 235

Primary Registration District No. 3034

Registrar's No. 2822

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME William D Edwards

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar 20 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 10 2 hr. min.

9. Birthplace Moberly Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Edwin Edwards
13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Julia Gleason
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Morris Robb
(b) Address 629 S. Williams Moberly Mo

17. (a) Burial (b) Date thereof Jan 24 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem Higbee Mo

18. (a) Signature of funeral director Joe W Burton

(b) Address Higbee Mo

19. (a) Jan 24-41 (b) Paul Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 629 S. Williams St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1941 hour 11 minute 30 a.m.

21. I hereby certify that I attended the deceased from Jan. 19/1941 to Jan. 23/1941
that I last saw him alive on Jan. 21/1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis

Due to with arterial

Hypertension

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

925 While at work? At home (Specify type of place)

(a) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed 1/24/41

RECEIVED

District Health Officer No. 10

District File Number 2-41-430

Date Filed FEB 19 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.